CHECKLIST FOR CLAIM SUBMISSION

Employee Name: _____

Employee No.:_____

Company Name: _____

Mobile No.: _____ **Email Id**_____

DOCUMENTS REQUIRED FOR CLAIMING HOSPITALIZATION EXPENSES		
1)	**Claim Form – Part A: Duly completed by the insured on the prescribed format – Original**	
2)	**Claim Form – Part B: Duly completed and signed by the hospital authorities – Original**	
3)	**PPN Declaration Form (GIPSA PPN hospital only)- Original(Applicable for PSU insurancecompanies)**	
4)	**TPA ID Card – Photocopy**	
5)	**Employee photo ID proof (Employee ID card, Aadhar card & Pan Card mandatory) –Photocopy**	
6)	**Cancelled Cheque of Employee's Bank Account with name– Original**	
	(Cancelled Cheque, with Employee name printed under place of signature)	
7)	**Delay Letter in case of late submission of claim**	
8)	**Discharge Card/Summary – Original**	
	(Gives the summary of diagnosis and treatment in hospital) (maternity cases mentioning obstetric history of the patient)	
9)	**Death Summary (Instead of Discharge Summary) – Original**	
	(Only in case of death of patient during Hospital stay)	
10)	**Indoor Case Papers (ICP)**	
11)	**Police FIR/Medico Legal Certificate (MLC)**	
	(Mandatory for All Road traffic accidents - Duly attested by Police)	
12)	**Hospital Main Bill with bill no. & break up – Original**	
	(With detailed break up of various heads like Room Rent/OT charges/Nursing etc.)	
13)	**Hospital Payment receipt with receipt number – Original** (With seal & signature of hospital)	
14)	**All Payment Receipts with receipt number – Original**	
	(For consultation/surgeon charges, if charged outside the main hospital bill)	
15)	**Investigation bills cum receipt – Original**	
16)	**Prescriptions – Original**	
	(On Doctor's letterhead, mentioning duration and dosage for medicines and advice for	
	diagnostic tests)	
17)	**Pharmacy bills cum receipt/Cash Memo – Original**	
18)	**Investigation Reports – Original**	
	(Reports for all tests done along with images like USG, X-Ray, ECG, etc. and Blood reports – Laboratory reports can be counter signed by only a registered Medical Practitioner with a postgraduate qualification in Pathology)	
19)	**Sticker for the Implants used, along with supporting invoice – Original**	
	(For Implants used in Cataract, Heart Valve, CABG, Abdominal, Knee replacement surgeries)	
Document Available		✓
Document Not Available		X
Not Applicable		NA

1. Do not forget to attach this checklist with the Claim file.
2. Arrange the documents in the same order as in the checklist.
3. Please retain copies of all the documents submitted to us for future reference.
4. Please retain a POD copy of the courier for tracking your consignment in case of any delay etc.
5. The above list of documents is indicative. In case of any other document requirement as specified by the insurance company you will receive email communication
6. Please note that you will receive email communication at different stages of claim processing

Signature of Employee: _____